

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/587576

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3			1			
4						
5						
6						
7						
8		1				
9						
10			1			
11						
12						
13						
14		1				
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49						
50						
TOTAL IND.	1					
TOTAL DEP.	14	◆	◆	◆	◆	◆
TOTAL CLAIMS	15	◆	◆	◆	◆	◆

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.		◆	◆	◆	◆	◆
TOTAL CLAIMS		◆	◆	◆	◆	◆